REMARKS BY FCC CHAIRWOMAN MIGNON L. CLYBURN
NATIONAL MEDICAL ASSOCIATION
Toronto, Canada
July 27, 2013

Thank you President Bailey for that kind introduction, and thank you Mr. Speaker, House of Delegates, staff and to you all for such a warm welcome. It's great to be with you in lovely Toronto.

Last year's conference was in New Orleans in July so I am not surprised at all that you are as delighted as I am to be in Canada.

I am well aware of the role of the National Medical Association in improving the quality and parity of healthcare delivery in America. So I thank you not only as a collective, but as individuals for you are not just advocates for a more effective and more just healthcare system, you are physicians and nurses who care for the sick, often in poor and underserved communities.

And, in certain respects, many of you are also small business owners, who meet with patients and manage employees all day, then turn around and meet payroll at night.

But the main reason I appreciate NMA so much is clear in your mission "to promote health and wellness, eliminate health disparities, and sustain physician viability". A noble statement of purpose which seems to get more difficult with the passage of time.

Ever since I arrived in Washington in 2009, there's been an ongoing debate about fixing our health care system. But while Washington is talking about it, you're living it. Healthcare reform is not abstract to you; it's a major part of your daily lives.

I saw a statistic the other day that I thought perfectly encapsulates the overwhelming expectations being placed on medical caregivers.

The U.S. Preventative Services Task Force has issued a set of recommendations for physicians. To fully satisfy the task force's recommendations, a doctor would have to spend 1,773 hours a year providing preventative services. That's 7.4 hours per working day. So you can either: short change preventative services, forget about seeing your friends and family or get everything else done in 36 minutes.

I say this not only to let you know that I appreciate where you're coming from, but also to set up the main point I want to talk about today which is that I know that you and your patients need more support.

One of the biggest game changers out there with the potential to dramatically improve patient outcomes and reduce costs is health technology. And at the FCC, we are doing our part to seize the opportunities of telemedicine.

As a part of the nation's expert agency on communications technology, I've had a unique opportunity to see first-hand the power of technology to transform medicine.

I visited Kotzebue, Alaska, remote even by Alaskan standards. Historically, residents have had to travel hundreds of miles most often by aircraft to receive medical care. But patients receiving much needed psychiatric care through remote consultations without leaving familiar surroundings.

A head injury patient in rural Montana who had his CT scan read in minutes averted a several hundred mile trip to Kalispell in an ambulance; saving time, money and more importantly his life.

I've met with the operators of the Palmetto State Providers Network in my home state of South Carolina who told me they've saved $18 million dollars in Medicaid costs over 18 months as a result of their tele-psychiatry program. Psychiatric consults are now available 24/7. Previously, patients would take up valuable health care provider time and resources by having to wait for days to receive psychiatric consults.

The FCC's Rural Health Program provided support for the broadband connectivity necessary for these telemedicine efforts. Another example is Geisinger Health System in Pennsylvania which notes that its network provides tele-stroke services for neurology patients within minutes as opposed to hours. Given that "time is brain" for stroke victims, instant access to specialized care can be life-saving.

Perhaps the most exciting thing about health technology are the breakthroughs still on the horizon. At the Commission, I've seen demonstrations of nascent technologies that can help a blind person to see and can restore sensation, mobility and other vital functions to the limbs and organs of stroke victims.

At the FCC, we are committed to working with partners, in and out of government, to realize the promise of health technology. And our definition of success in this area requires that every American benefit from this digital health revolution.

Broadband-powered health solutions have the potential to be a great equalizer in poor and underserved communities. If these 21st century health solutions are available only at hospitals like Johns Hopkins and Stanford then we know that we still have work to do.

So what are we doing at the FCC to improve healthcare through digital technology?

The central pillar of the FCC's health care agenda is connectivity – both at health care facilities and in the home.

I'll start with the home because that's really the FCC's bread and butter.

With broadband, you can use mobile diabetes management tools to monitor your patients remotely and free them from the burden of logging their glucose measurements -- but only if your patient is connected at home.

Broadband connectivity is also essential to the concept of "patient centeredness," which is seen as a core component of quality health care.

Patient centeredness requires that they have the education and support they need to participate in their own care. This means having access to the Internet as a portal of information and also as a means for the patient and doctor to communicate.

Over the past few years, we've made significant progress toward our goal of getting all Americans online.

Since 2008, the percentage of Americans who subscribe to broadband at home has increased from about 60% to about 70% and the adoption gap between whites and African-Americans has been nearly cut in half since 2009.

But roughly 100 million Americans are still unconnected at home and nearly 15 million Americans couldn't even get broadband if they wanted it because the infrastructure isn't there.

These Americans are being bypassed by the benefits of broadband for healthcare not to mention education, access to jobs, civic participation, you name it.

And disproportionately, it's African Americans and other minorities on the wrong side of the digital divide.

Only 50% of rural Americans, 35% of the elderly, 42% of people living with disabilities, 59% of African-Americans and 49% of Latinos have adopted broadband service at home. And in today's digital age, remedying health disparities requires rectifying the disparities in broadband adoption.

That's why I was proud to take a leadership role in the FCC's historic overhaul of our universal service program converting an outdated inefficient program that supported voice-only service into the Connect America Fund -- a public-private partnership that will use $22.5 billion over five years to put us on a path to ensuring every American has access to broadband.

As part of universal service reform, we also modernized the **Lifeline** program which ensures the neediest Americans can access modern communications services. Our experience with Lifeline makes clear that facilitating communications between doctor and patient improves the quality of care.

According to a pediatric medical director at Boston Medical Center, and I quote, "In my practice, I see many families who depend upon Lifeline phones for communication. For my patients, many of whom are marginally housed or homeless,

cell phone service provides a critically important role in keeping them connected to their medical home, the location from which all their care is coordinated."

Modernizing Lifeline so that is also supports broadband connectivity will enhance the ability of low-income Americans to stay in touch with their doctors.

Getting patients online is critical, but it's not enough. We also need to make sure that health facilities have high-capacity broadband connections.

According to a 2010 Institute of Medicine report, health systems infrastructure improves effectiveness, safety, timeliness, patient-centeredness, access or efficiency. On the flip side, the IOM also said that "inadequacies in health system infrastructure may limit access and contribute to poor quality of care and outcomes, particularly among vulnerable population groups that include racial and ethnic minority groups and people residing in areas with health professional shortages."

That brings me to the FCC's Healthcare Connect Program.

For years preceding my arrival, the FCC supported connectivity for health facilities. But the program was largely underutilized, spending not even one quarter of its $400 million budget each year.

Recognizing that the system needed a fresh look, the FCC launched a pilot program several years ago to expand health care provider access to high-capacity broadband services. And in December 2012, the Commission took the lessons we learned from the pilot program and established the Healthcare Connect Fund which will connect thousands of health care providers across the country to broadband.

The Fund offers healthcare providers a substantial 65 percent discount for both broadband services and infrastructure.

It also encourages the creation of state and regional broadband healthcare networks. One key insight of the FCC's pilot program is that these networks allow health care providers to spread administrative, network design and other costs over a large number of entities. They also enable smaller health care providers to take advantage of the expertise and resources of larger providers and they foster information sharing about medical best practices between the participating providers. We also saw that bulk buying of services, coupled with competitive bidding, can yield higher bandwidth, lower prices and better service quality for these networks.

While the Fund's focus is on connecting rural areas, urban sites are also eligible as part of consortia and the Commission encourages these urban-rural collaborations.

The Fund also authorizes a new pilot program for connections to skilled nursing facilities which promises to offer optimal care to patients who are too sick to stay at home but not ill enough for hospitalization.

Funding for new applicants under the Healthcare Connect Fund begins on January 1. I encourage all of you to look into the program to see if it's a fit for you, your practice and your patients.

Until now, I've talked about wired connectivity but the second big area where the FCC is promoting health innovation is spectrum policy.

The FCC manages our commercial spectrum – the oxygen that sustains our wireless communications.

Today's commercial wireless networks not only provide access to phone calls, messaging and the Internet, but also are becoming increasingly important for the provision of health care applications. The major wireless carriers have programs to support health care applications carried over their networks. That is one of the reasons we are laser focused on providing more spectrum for wireless broadband networks. Access to spectrum is the lifeblood for the growth of mobile health care so that people can be monitored and in some cases even treated wirelessly, any time and any place.

Another way we've encouraged health innovation is through experimental licensing.

For example, the next-generation technologies I mentioned earlier that can restore motion for stroke victims were developed under an experimental license. That's why we've expanded our experimental licensing program to provide greater flexibility for universities, research organizations and health care facilities to conduct tests of new medical devices and technologies. One of the benefits is that it will make it easier to identify and prevent radio interference among the multitude of medical devices in today's high-tech hospitals.

One of the most significant actions we've taken was dedicating spectrum for Medical Body Area Networks or MBANs making the U.S. the first nation to do so. These networks provide a "last meter" wireless link to eliminate the wires and cables that currently tether a patient to the monitor. This gives patients more freedom of movement, the enhanced ability to walk and exercise, which could result in more rapid recovery and discharge.

It can also provide for earlier recognition of a patient's distress or decline, permitting an earlier intervention. This ultimately should improve patient care and reduce overall healthcare costs. It should also attract capital investment and spur business development and job creation as the health care profession and the wireless industry again join forces in deploying MBANs nationwide.

The third leg of the FCC's health strategy stool is promoting greater collaboration.

I've talked to enough medical professionals to know that many of you feel like one government agency is telling you one thing and another agency is telling you

something else. So, I'm not going to stand here and tell you that everything's perfect. But what I can assure you is that we're doing a much better job of making sure everybody's rowing in the same direction.

The FCC is responsible for approving medical devices that utilize spectrum and our Commission has entered into an unprecedented partnership with the FDA to help ensure medical innovations can swiftly and safely be brought to market. In particular, we are working together to provide more certainty and clarity to the innovators and investors who will develop tomorrow's health-related communications technologies.

I'd like to close with this idea of collaboration. Just as we need better coordination among government partners, we need better collaboration between government and health providers and better collaboration among health providers themselves.

The challenges facing our healthcare system are far too great for anyone to solve on their own. But by working together, we can and we will harness the power of technology to improve the quality of healthcare for all Americans. And I offer myself and my agency as key conduits to that end

Thank you and Godspeed.